

Creating an At-Risk Diabetic Foot Register for the Foot Protection Service – An Integrated approach

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Background:

Diabetic foot ulceration is a precursor to lower-extremity amputation. The National Model of Care for the Diabetic Foot (2011) has promoted foot screening to highlight risk factors such as neuropathy, ischaemia and deformity to facilitate early intervention and speedy referral to foot protection services (1). Evidence has shown reducing Diabetic Foot ulcerations requires a team approach across primary and secondary care with regular screening, education and regular follow up review where indicated (2). There is no National Register with At-Risk Foot Complications. Prior to this project, there was none locally, reducing the ability to monitor and plan The Integrated Foot Protection service.



Aim:

To implement the National Integrated Model of Care for the Diabetic Foot (3) locally.

Benefits:

1. Identifying local population screened as at amputation risk.
2. Ascertaining those requiring ulcer prevention interventions.
3. Facilitating service planning by recording demographic information including the location and number of those at amputation risk.
4. The ability to monitor referrals and waiting times.
5. Improving governance with the ability to audit the Service.
6. Improving safety by managing caseload in a structured fashion.
7. May provide evidence to support commissioning of services.

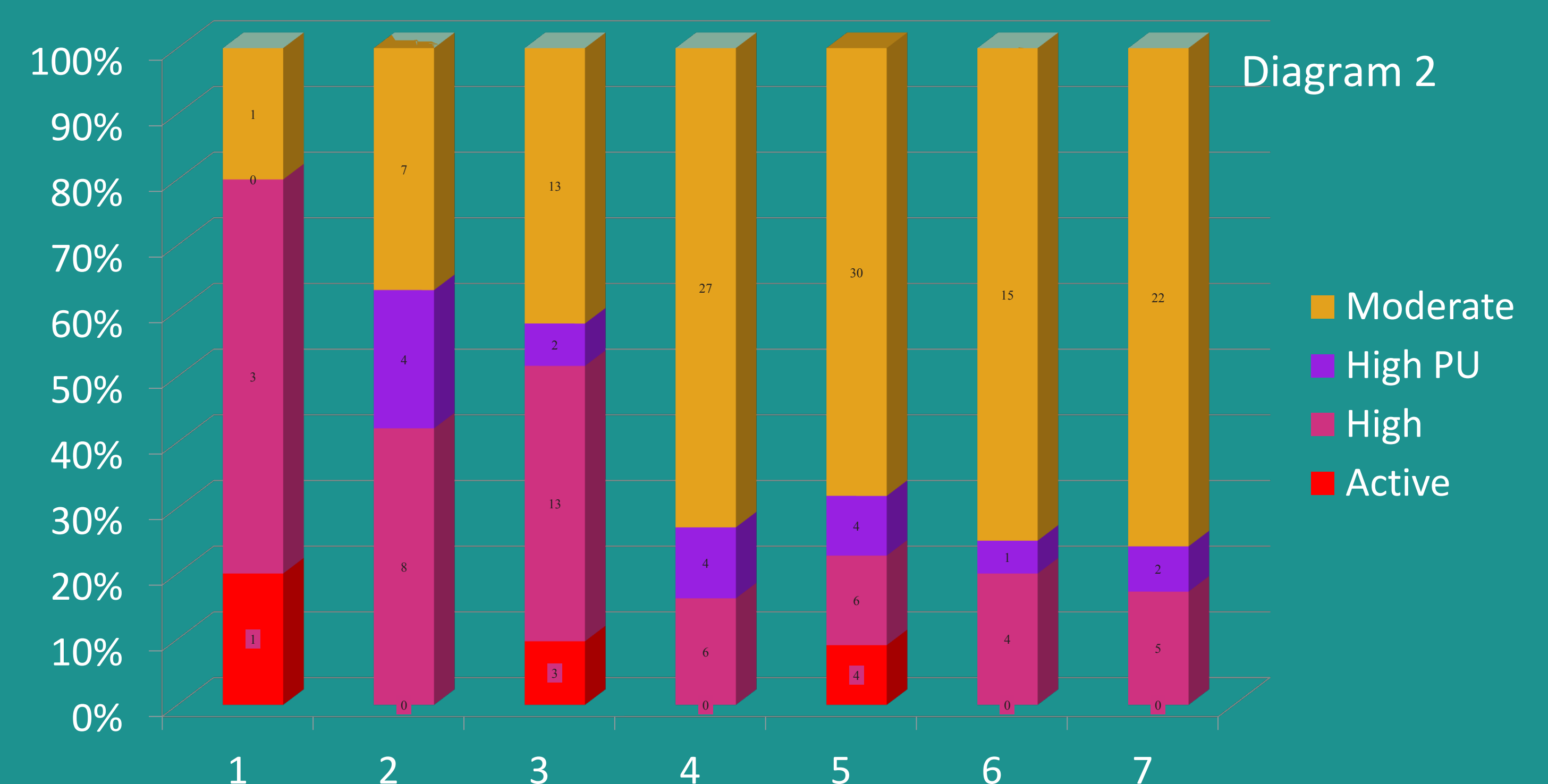
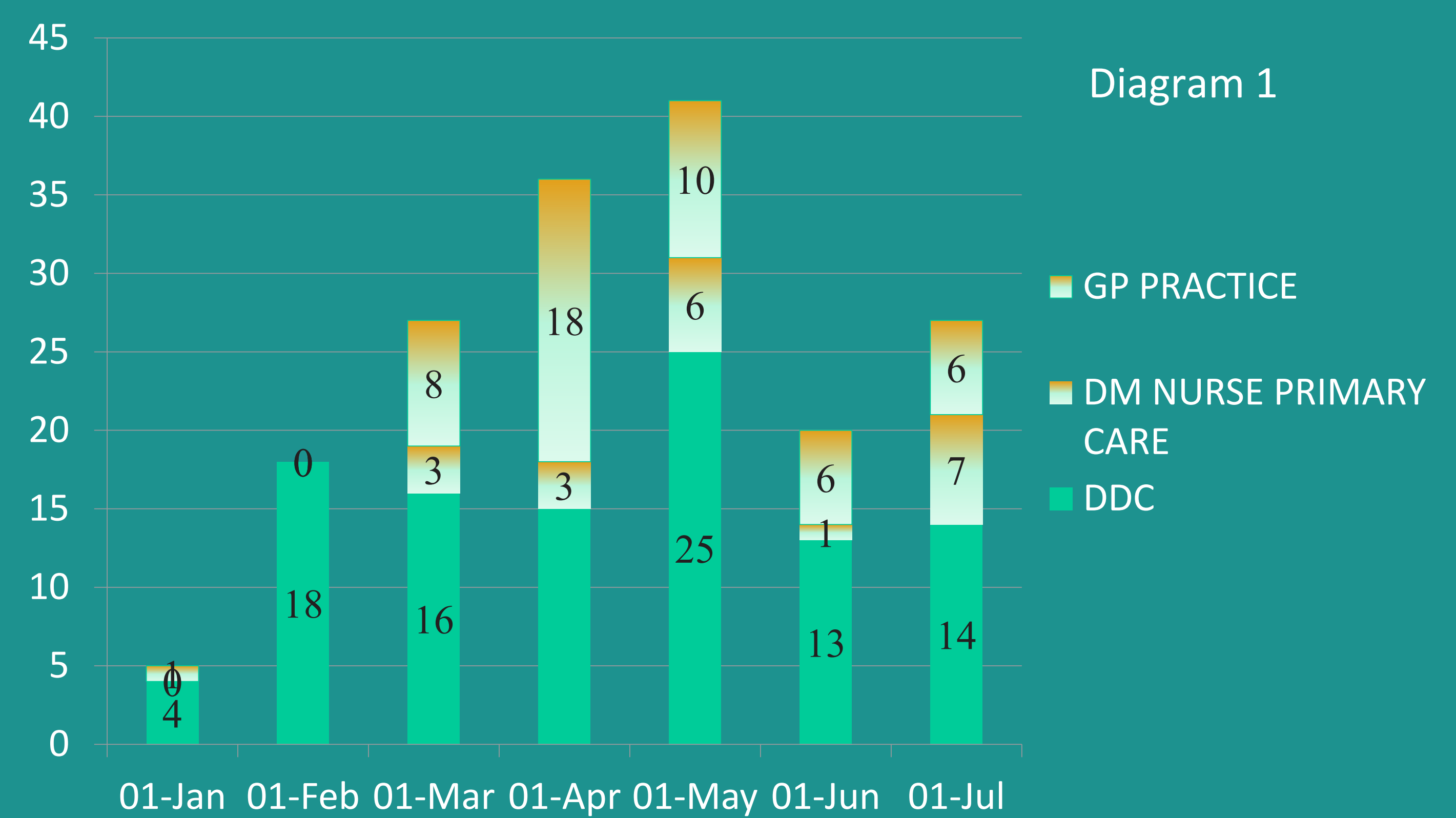
Methods:

1. A literature review was undertaken to understand what information and outcome measures were needed to populate an At-Risk Diabetic Foot Register (3,1).
2. An computer database was used to log demographics, referral and assessment dates, foot complications, healing rates and interventions.
3. Time was dedicated to case-finding.
4. All 1,933 outpatient diabetic appointments for 2016 were checked for foot screen details and logged.
5. Case-finding was also undertaken in the community from March 2017 through primary care education sessions where referral to the Foot Protection Service was promoted.
6. HSE Change Model was employed to implement the project (4).

At-Risk Foot Register				
	Risk classification after Podiatry Review		Numbers	Total Numbers
At Risk	Active	Charcot	1	25
		Foot Ulcer	24	
	High	In Remission	75	265
		High	190	
	Moderate		165	165
			Total	455

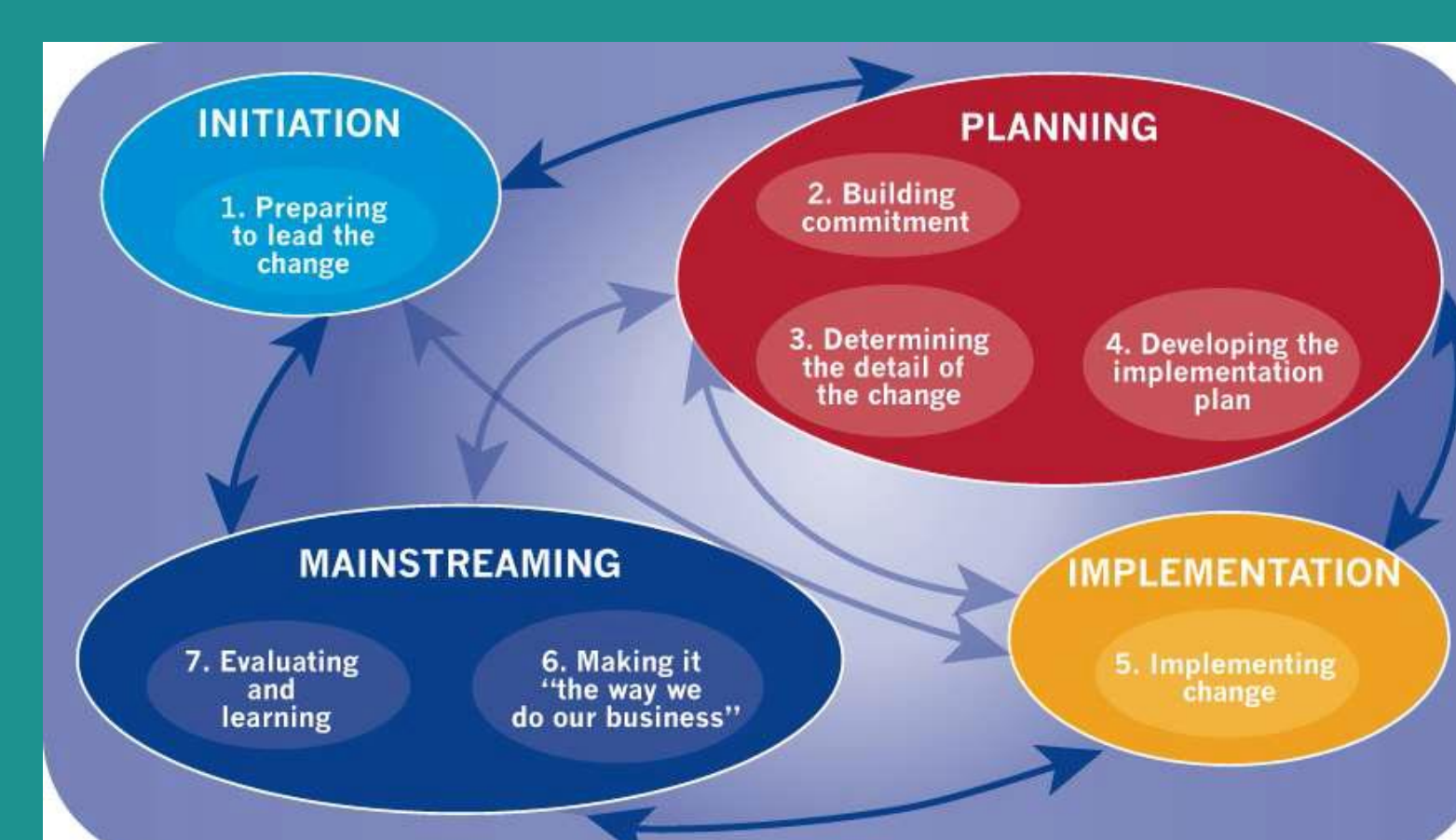
Results:

A local At-Risk Diabetic Foot Register has been established. As of September 2017 there are 455 people logged (see table 1). 265 patients have had a Podiatry assessment and intervention to date, with 27 assessed as at Low Risk. 217 people are awaiting Podiatric assessment. Casefinding in the Community resulted in an increase in referrals to the Integrated Foot Protection Service (diagram 1) Of those referred from Community most patients have been found to be at moderate risk of amputation (diagram 2).



Conclusions:

We found benefits establishing an Integrated At-Risk Diabetic Foot Register were evident in terms of facilitating the organization and provision of services. Governance was enhanced with all At-Risk cases being identified and monitored by the Podiatrist. By casefinding in the Community patients At-Risk of diabetic foot amputation were highlighted earlier. It is hoped this register will provide opportunity for early preventative intervention, ongoing clinical audit and highlight the benefit to centrally monitoring patients At-Risk of diabetic foot amputation.



HSE Change Model (4)

References:

1. Model of Care for the Diabetic Foot, 2011. National Diabetes Programme, Clinical Strategy and Programmes Directorate
2. Boulton, A. 2010. The Diabetic Foot. *Medicine*. Volume 38 (12) 644-648
3. Jeffcoate, W. Et al. 2014. National Diabetes Footcare Audit (NDFCA): We have lift off! *The Diabetic Foot Journal*. Volume 17(1) 9
4. HSE Change Management Resources, December 2014